Division of Corporations **Electronic Filing Cover Sheet**

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for futig annual report mailings. Enter only one email address please. ** Email Address: Foreign Limited Liability Company STEMEXPRESS, LLC Certificate of Status Certified Copy

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03

\$125.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: STEMEXPRESS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.") (If name unwailable, exter alternate name adopted for the purpose of transacting business in Florida. The alternate name mest include "Lareted Liability Company," "L.L.C." or "LLC.") 3. 27-2042429 (PEI rant ber, il applicable) (furnadiction under the law of which foreign limited hability company is organized) 4 11/26/18 (Street Address of Principal Office) 1743 CREEKSIDE DR. SUITE 200 FOLSOM CA 95630 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: _ , Florida 33324 Plantation Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. C T Corporation System/ (Registered agent's signature) 8-. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity; Guy Kazimier Controller Loire White CFO 1743 Creekside Dr. Stc 200 1743 Creekside Dr. Ste 200 Folsom, CA 95630 Folsom, CA 95630 Cate Dyer CEO 1743 Creekside Dr. Ste 200 Folsom, CA 95630 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the cortificate under outh of the translator must be submitted) 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any 1832 information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155,

Signature of an authorized person,

Typed or printed name of signes

Loire White

State of California Secretary of State

CERTIFICATE OF STATUS

STEMEXPRESS, LLC

FILE NUMBER:

FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

201006710184 03/04/2010

DOMESTIC LIMITED LIABILITY COMPANY

CALIFORNIA

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 29, 2018.

> **ALEX PADILLA** Secretary of State